

KENTUCKY STATE BOARD FOR PROPRIETARY EDUCATION
911 Leawood Drive (40601)
PO Box 1360
Frankfort, Kentucky 40602
(502) 564-3296, ext. 239

APPLICATION TO TRANSFER OWNERSHIP OF A PROPRIETARY SCHOOL

A copy of legal evidence showing transfer of ownership agreement, evidence of purchase, and the application fee of \$500 by check or money order made payable to the ***Kentucky State Treasurer*** must be submitted with this application. **DO NOT SEND CASH.** The completed original application and all required supporting documentation must be submitted to the State Board office within 10 days of the ownership transfer. Please be advised that a change of ownership requires an on-site inspection of the facility by the State Board representative(s).

INSTITUTION INFORMATION *(as appears on current license)*

Date: _____

Official name of institution: _____

Address of institution: _____

Has the name and/or address of the institution changed? ____ Yes ____ No (If yes, indicate new name and/or address: _____

Administrative contact person, e-mail Address, telephone and FAX number: _____

Name and address of previous owner(s) (Seller):

What type of ownership are you applying?

Corporate ____ Individual ____ Partnership ____

Name, address, phone number and social security number of new owner(s) to appear on record (Buyer):

Attach original notification letter from the surety bond company indicating the ownership change.

New owner(s) employment or business connections for the past ten (10) years (Attach separate sheet if necessary):

NAME AND ADDRESS OF FIRM	DATES EMPLOYED	
	FROM	TO
1 _____ _____ _____	_____ _____ _____	_____ _____ _____
2 _____ _____ _____	_____ _____ _____	_____ _____ _____
3 _____ _____ _____	_____ _____ _____	_____ _____ _____

Has owner(s) or officer(s) ever been connected in any capacity with a Proprietary School of any type in Kentucky or any other state? Yes ____ No ____

If yes, give specific details: _____

If the new owner is a corporation, is the corporation domiciled in the Commonwealth of Kentucky? Yes ____ No ____

If no, what state is it incorporated and or/domiciled? _____

Name and title of school's director or manager: _____

Director or manager's experience in the field of education (administrative, supervisory, or teaching). Also list any employment within the last ten (10) years. Attach separate sheet if necessary.

NAME AND ADDRESS OF SCHOOL (including official title held)	DATES EMPLOYED	
	FROM	TO
1 _____ _____ _____	_____ _____ _____	_____ _____ _____

**NAME AND ADDRESS OF SCHOOL
(including official title held)**

**DATES EMPLOYED
FROM TO**

2 _____

3 _____

Name and title of all directors of instructional programs (attach additional sheet if necessary):

Has the owner or any member of the administrative staff, teaching or correctional staff employed by the school, ever been convicted of any violation of the Penal Laws of the Commonwealth of Kentucky or any other state or of the United States? Yes ____ No ____

If yes, give details and disposition: _____

Amount of capital on hand to be used for school operation: \$ _____

What are the financial assets that are being transferred? Attach listing marked Exhibit A.

What are the financial liabilities that are being transferred? Attach listing marked Exhibit B.

OPERATIONAL INFORMATION

? Will the school policies, programs offered, and course outline as stated in the school catalog be maintained? Yes ____ No ____ (Include school catalog noting any changes marked Exhibit C and Student Contract or Enrollment Agreement marked Exhibit D)

? If this transfer of ownership causes a change in the certificate, diploma, or Associate Degree awarded, attach sample marked Exhibit E.

? If this transfer of ownership results in any change in the equipment inventory previously filed with the board, attach a revised inventory list marked Exhibit F. This list must include ALL equipment used by the student to successfully complete the program(s). This list must be categorized by program.

? Will the students presently attending be permitted to complete the courses that they are pursuing?
Yes ____ No ____

? Will there be any change in faculty? Yes ____ No ____

*Attach completed PE-14, School Personnel Form, for each faculty member. Should this transfer of ownership result in a change of the minimum instructor qualifications previously filed with the board, attach revisions marked Exhibit G.

? If this transfer of ownership results in any change to the school calendar previously filed with the board, attach a revised calendar marked Exhibit H. The calendar must reflect all legal holidays observed by the school.

? If this transfer of ownership results in any change in the facility floor plan previously filed with the board, attach a revised floor plan marked Exhibit I.

? Is it understood that any change in the school program(s) must first be approved by the Kentucky State Board for Proprietary Education? Yes ____ No ____

? Please state briefly any anticipated administrative or curriculum changes that will occur within the next year (Attach a separate sheet if necessary):

CERTIFICATION

I certify that the foregoing information is true and correct to the best of my ability and belief.

Signature of Authorized School Official or Owner

Title

Print Name of Authorized School Official or Owner

Print Title

Date

Signature of Notary Public

State of: _____ **County of:** _____

Signed and sworn before me on this _____ day of _____, 20____.

My Commission Expires: _____

Affix notary seal here: